

06/29/01



JC853 U.S. PTO

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4609P002X

(maximum 12 characters)

First Named Inventor Albert M. Avery IV

Title: MULTI-RINGED INTERNET CO-LOCATION FACILITY SECURITY SYSTEM AND METHOD

Express Mail Label No. EL617183454US

JC872 U.S. PTO
09/895353



06/29/01

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. x **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. x **Specification (Total Pages 29)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. x **Drawings(s) (35 USC 113) (Total Sheets 9)**
5. x **Oath or Declaration (Total Pages)**
 - a. x Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
 - c. Unsigned.
6. x **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i)First Named Inventor Albert M. Avery IVTitle MULTI-RINGED INTERNET CO-LOCATION FACILITY SECURITY SYSTEM AND METHODAttorney Docket No. 4609P002X

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

6/29/01
 Date


 Signature

Tarek N. Fahmi
 Typed or Printed Name

41,402
 Registration No.

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months after the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Send to: Assistant Commissioner for Patents, Washington, D.C. 20231

Serial/Patent No.: *** Filing/Issue Date: Herewith

Client: EQUINIX

Title: MULTI-RINGED INTERNET CO-LOCATION FACILITY SECURITY SYSTEM AND METHOD

BSTZ File No.: 4609P002X Atty/Secty Initials: JHS/TNF/CB/pab

Date Mailed: 6/29/01 Docket Due Date: _____

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

<input type="checkbox"/> Amendment/Response (____ pgs.)	<input checked="" type="checkbox"/> Express Mail No. <u>EL617183454US</u> <input checked="" type="checkbox"/> Check No. <u>216</u>
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> Month(s) Extension of Time Amt: <u>\$782.00</u>
<input type="checkbox"/> Application - Utility (____ pgs., with cover and abstract)	<input type="checkbox"/> Information Disclosure Statement & PTO-1449 (____ pgs.) <input type="checkbox"/> Check No. _____
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue For Transmittal Amt: _____
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal
<input checked="" type="checkbox"/> Application - Rule 1.53(b) CIP (<u>29</u> pgs.)	<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.)	<input type="checkbox"/> Petition for _____
<input type="checkbox"/> Application - Design (____ pgs.)	<input checked="" type="checkbox"/> Power of Attorney (____ pgs.)
<input type="checkbox"/> Application - PCT (____ pgs.)	<input checked="" type="checkbox"/> Preliminary Amendment (<u>1</u> pgs.)
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input type="checkbox"/> Reply Brief (____ pgs.)
<input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Certificate of Mailing (<u>Express Mail</u>)	<input type="checkbox"/> Small Entity Declaration for Inventor/Inventor/Small Business
<input checked="" type="checkbox"/> Declaration & POA (<u>3</u> pgs.) (<u>Signed</u>)	<input type="checkbox"/> Transmittal Letter, in duplicate (<u>2</u> pgs.)
<input type="checkbox"/> Disclosure Docs & Copy of Invention Signed Letter (____ pgs.)	<input checked="" type="checkbox"/> Fee Transmittal, in duplicate (<u>2</u> pgs.)
<input checked="" type="checkbox"/> Drawings: <u>9</u> of sheets includes <u>10</u> figures	

☒ Other: Request and Certification under 35 U.S.C. 122(b)(2)(B)(1), and a copy of the postcard w/express mail stamp (1pg.)

"Express Mail" mailing label number: EL617183454US

Date of Deposit: June 29, 2001

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231

P Baloro

(Typed or printed name of person mailing paper or fee)

P Baloro

(Signature of person mailing paper or fee)

6/29/01

(Date signed)

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** \$782.00**Complete if Known:****Application No.** Not Yet Assigned**Filing Date** Herewith**First Named Inventor** Albert M. Avery IV**Group Art Unit** Not Yet Assigned**Examiner Name** Not Yet Assigned**Attorney Docket No.** 4609P002X**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666**Deposit Account Name** _____

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Credit Card
☐ Money Order
☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
101	710	201	355	Utility application filing fee	\$710
106	320	206	160	Design application filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional application filing fee	

SUBTOTAL (1) \$710.00**2. EXTRA CLAIM FEES**

		<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>24</u>	- 20** = <u>4</u>	X <u>\$18</u>	= <u>\$72</u>
Independent Claims	<u>2</u>	- 3** = <u>0</u>	X <u>\$80</u>	= <u>\$ 0</u>
Multiple Dependent				= <u></u>

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 72.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	390	216	195	Extension for reply within second month	_____
117	890	217	445	Extension for reply within third month	_____
118	1,390	218	695	Extension for reply within fourth month	_____
128	1,890	228	945	Extension for reply within fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,240	241	620	Petition to revive - unintentional	_____
142	1,240	242	620	Utility issue fee (or reissue)	_____
143	440	243	220	Design issue fee	_____
144	600	244	300	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Processing fee under 37 CFR 1.17(q)	_____
126	180	126	180	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
179	710	279	355	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
195	300	195	300	Publication fee for early, voluntary, or normal publication	_____
196	300	196	300	Publication fee for republication	_____
194	130	194	130	Request for voluntary publication or republication	_____
098	130	098	130	Processing fee under 37 CFR 1.17(i)	_____
091	1,240	091	1,240	Acceptance of unintentionally delayed claim for priority	_____

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 0.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Tarek N. FahmiSignature: [Signature] Date: 6/29/01Reg. Number: 41,402 Telephone Number: 408.947.8200**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Variable	Mean	SD	Min	Max
Age	34.5	10.2	21	55
Gender	Male	Female		
Marital Status	Married	Single		
Education	High School	College		
Income	\$15,000	\$25,000		
Health Status	Good	Fair		
Exercise Frequency	Weekly	Monthly		
Stress Level	Low	High		
Sleep Quality	Good	Poor		
Dietary Habits	Healthy	Unhealthy		
Alcohol Consumption	None	Occasional		
Tobacco Use	Non-user	User		
Family Size	2	3		
Work Hours	40	50		
Commuting Time	30	45		
Home Ownership	Renter	Owner		
Neighborhood Safety	Safe	Unsafe		
Access to Healthcare	Yes	No		
Health Insurance	Medicare	Medicaid		
Chronic Conditions	None	One or More		
Medication Use	Regular	As Needed		
Healthcare Visits	Annual	Biannual		
Preventive Care	Yes	No		
Health Literacy	High	Low		
Health Beliefs	Positive	Negative		
Health Behavior Change	Yes	No		
Healthcare Satisfaction	Satisfied	Dissatisfied		
Healthcare Access Barriers	None	Cost, Distance, etc.		
Healthcare Quality	High	Low		
Healthcare Provider Relationship	Good	Poor		
Healthcare System Trust	High	Low		
Healthcare Policy Support	Yes	No		
Healthcare Reform Views	Supportive	Opposition		
Healthcare System Improvement	Yes	No		
Healthcare System Efficiency	High	Low		
Healthcare System Transparency	Yes	No		
Healthcare System Accountability	Yes	No		
Healthcare System Innovation	Yes	No		
Healthcare System Sustainability	Yes	No		
Healthcare System Resilience	Yes	No		
Healthcare System Flexibility	Yes	No		
Healthcare System Inclusivity	Yes	No		
Healthcare System Equity	Yes	No		
Healthcare System Accessibility	Yes	No		
Healthcare System Affordability	Yes	No		
Healthcare System Quality of Care	High	Low		
Healthcare System Patient Satisfaction	High	Low		
Healthcare System Provider Satisfaction	High	Low		
Healthcare System Systemic Change	Yes	No		
Healthcare System Policy Change	Yes	No		
Healthcare System Reform Implementation	Yes	No		
Healthcare System Reform Success	Yes	No		
Healthcare System Reform Challenges	Yes	No		
Healthcare System Reform Opportunities	Yes	No		
Healthcare System Reform Future	Yes	No		
Healthcare System Reform Vision	Yes	No		
Healthcare System Reform Mission	Yes	No		
Healthcare System Reform Values	Yes	No		
Healthcare System Reform Principles	Yes	No		
Healthcare System Reform Goals	Yes	No		
Healthcare System Reform Objectives	Yes	No		
Healthcare System Reform Strategies	Yes	No		
Healthcare System Reform Tactics	Yes	No		
Healthcare System Reform Tools	Yes	No		
Healthcare System Reform Resources	Yes	No		
Healthcare System Reform Partners	Yes	No		
Healthcare System Reform Stakeholders	Yes	No		
Healthcare System Reform Interests	Yes	No		
Healthcare System Reform Influence	Yes	No		
Healthcare System Reform Power	Yes	No		
Healthcare System Reform Authority	Yes	No		
Healthcare System Reform Legitimacy	Yes	No		
Healthcare System Reform Credibility	Yes	No		
Healthcare System Reform Trustworthiness	Yes	No		
Healthcare System Reform Reliability	Yes	No		
Healthcare System Reform Consistency	Yes	No		
Healthcare System Reform Integrity	Yes	No		
Healthcare System Reform Honesty	Yes	No		
Healthcare System Reform Transparency	Yes	No		
Healthcare System Reform Accountability	Yes	No		
Healthcare System Reform Responsibility	Yes	No		
Healthcare System Reform Commitment	Yes	No		
Healthcare System Reform Dedication	Yes	No		
Healthcare System Reform Passion	Yes	No		
Healthcare System Reform Enthusiasm	Yes	No		
Healthcare System Reform Energy	Yes	No		
Healthcare System Reform Motivation	Yes	No		
Healthcare System Reform Drive	Yes	No		
Healthcare System Reform Determination	Yes	No		
Healthcare System Reform Persistence	Yes	No		
Healthcare System Reform Perseverance	Yes	No		
Healthcare System Reform Resilience	Yes	No		
Healthcare System Reform Flexibility	Yes	No		
Healthcare System Reform Adaptability	Yes	No		
Healthcare System Reform Openness	Yes	No		
Healthcare System Reform Inclusivity	Yes	No		
Healthcare System Reform Diversity	Yes	No		
Healthcare System Reform Equity	Yes	No		

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.

18B. Statement under 37 CFR 3.73(b) for continuing application:

19. Correspondence Address

X	Correspondence Address Below
----------	------------------------------

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Name (PRINT/TYPE): Tarek N. Fahmi

Registration No.: 41,402

Signature: [Signature]

Date: 6/29/01